

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8166</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>THOMAS H. YOUNG, JR.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>100 INDIANA AVE. NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>	4. Name, file number, and address of labor organization. Name <u>NATIONAL ASSOCIATION OF LETTER CARRIERS</u> Labor Organization File Number <u>000-509</u> P.O. Box, Building and Room Number, if any _____ Street <u>100 INDIANA AVE. NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>DIRECTOR OF HEALTH BENEFITS</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Thomas H. Young</u>	On <u>8-15-2005</u> <u>703-729-8100</u> Date Telephone Number

Name of Person Filing THOMAS H. YOUNG, JR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PEAKE-DELANCEY PRINTING LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2500 SCHUSTER DR.</p> <p>City CHEVERLY</p> <p>State MD. ZIP Code + 4 20781</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PRINTER-COMPETITIVELY BIDS ON PRINT JOBS.</p> <p>11.b. Approximate dollar value of such dealing. 2,700,000</p> <p>12.a. Nature of interest held or income received.</p> <p>1 ROUND-GOLF</p> <p>CHRISTMAS CARDS</p> <p>4 GIFT PACKS</p> <p>12.b. Amount. 1475.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HILTON HOTEL</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2005 KALIA RD.</p> <p>City HONOLULU</p> <p>State HI. ZIP Code + 4 96815-1999</p>	<p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>HEADQUARTERS HOTEL - 2004 NATIONAL CONVENTION</p> <p>11.b. Approximate dollar value of such dealing. 104,000</p> <p>12.a. Nature of interest held or income received.</p> <p>COMPLIMENTARY ROOM - 2004 NATIONAL CONVENTION.</p> <p>REPORTED CONSISTENT WITH DOL INTERPRETIVE MANUAL SEC. 246.40(V)</p> <p>12.b. Amount. 964.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>JOHN KEAGY</u> Trade Name, if any: <u>GRAPHIC ARTS</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4801 VIEWPOINT PLACE</u> City <u>CHEVERLY</u> State <u>MD.</u> ZIP Code + 4 <u>20781</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>PRINTER PLACING COMPETITIVE BIDS FOR JOBS.</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u> 12.a. Nature of interest held or income received. <u>1 ROUND OF GOLF WITH LUNCH</u> <hr/> 12.b. Amount. <u>150.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer _____ or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____